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MULTIPLE INDEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO.	FILING DATE				
								10/531657					
								APPLICANT(S)					
CLAIMS													
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/							51					
2		/						52					
3		/						53					
4		/						54					
5		/						55					
6		/						56					
7		/						57					
8		/						58					
9		/						59					
10		/						60					
11		/						61					
12		/						62					
13		/						63					
14		/						64					
15		/						65					
16		/						66					
17		/						67					
18		/						68					
19		/						69					
20		/						70					
21		/						71					
22		/						72					
23		/						73					
24		/						74					
25		/						75					
26		/						76					
27		/						77					
28		/						78					
29		/						79					
30		/						80					
31		/						81					
32		/						82					
33	/							83					
34	/							84					
35	/							85					
36	/							86					
37	/							87					
38	/							88					
39	/							89					
40		/						90					
41		/						91					
42	/							92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.	5							TOTAL IND.					
TOTAL DEP.	37							TOTAL DEP.					
TOTAL CLAIMS	42							TOTAL CLAIMS					